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| <b>File number</b>     |
| <b>V B 3 – O 1478/</b> |

Doc no.:

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Federal Ministry of Finance  
- Division V B 3 -  
P.O. Box 13 08  
53003 Bonn

**Please write (in legible handwriting) your answers to all of the questions and/or tick the appropriate boxes. Please sign your application.**

**Please also attach a copy of your valid identity card or passport.**

**We cannot accept your application if it is incomplete or if you have not signed it yourself. We also cannot accept your application without a copy of your identity card or passport.**

### **Application**

for one-time financial assistance according to the Federal Government guidelines on payments to non-Jewish victims of persecution to compensate for individual hardships within the context of restitution (adopted on 26 August 1981 and amended on 7 March 1988).

**I am applying for one-time financial assistance of €2,556 in accordance with the above-mentioned guidelines.**

|   |
|---|
| 1. Familienname / ggf. Geburtsname / Family name / birth name, if different                             |
| 2. Vornamen (Rufname unterstreichen) / First and middle names (underline name normally used):           |
| 3. Frühere Namen oder andere Schreibweisen / Former names or alternative spellings:                     |
| 4. Geburtsdatum / Date of birth:      Geburtsort / Land / Bezirk / Place of birth / country / district: |
| 5. Derzeitige Anschrift / Current address:  |

|  |
|--|
| <p>6. Personenstand / Marital status:</p> <p>ledig <input type="checkbox"/>      verheiratet <input type="checkbox"/>      verwitwet <input type="checkbox"/>      geschieden <input type="checkbox"/><br/>single      married      widowed      divorced</p>                                |
| <p>7. Name, Geburtsdatum und Geburtsort des Ehegatten / Name, date of birth, and place of birth of spouse:</p>   |
| <p>8. Namen, Geburtsdaten und Geburtsorte der Eltern / Names, dates of birth, and places of birth of parents:</p> <p>Vater / Father:</p><br><p>Mutter / Mother:</p>  |
| <p>9. Namen, Geburtsnamen, Geburtsdaten und Geburtsorte der Geschwister /<br/>Names, birth names (if different), dates of birth, and places of birth of siblings:</p> <p style="text-align: center;"><u>If necessary, you may provide this information on a separate sheet of paper.</u></p> |
| <p>10. Erwerbstätigkeit / Employment:</p> <p>a) frühere / previous:</p><br><p>b) heutige /current:</p>   |
| <p>11. Gehören Sie zur Volksgruppe der Sinti und Roma? / Do you have Roma or Sinti ethnic origins?</p> <p>Ja / yes <input type="checkbox"/>      Nein / no <input type="checkbox"/></p>  |
| <p>12. Gehören Sie der jüdischen Glaubensgemeinschaft an? / Are you a member of the Jewish faith?</p> <p>Ja / yes <input type="checkbox"/>      Nein / no <input type="checkbox"/></p>   |
| <p>13. Gegenwärtige Staatsangehörigkeit / Current nationality:</p> <p>Seit welchem Zeitpunkt besitzen Sie diese Staatsangehörigkeit? / When did you acquire this nationality?</p>  |
| <p>14. Frühere Staatsangehörigkeit(en) / Former nationality or nationalities:</p>  |
| <p>15. Wohnsitz zum Zeitpunkt der Verfolgung / Place of residence at the time of the persecution:</p>  |

16. **Ausführliche Beschreibung Ihres Verfolgungsschicksals mit Angabe von Orten und Zeiten /  
Detailed description of the persecution you experienced, including the places and dates:**

17. War Ihnen die Freiheit entzogen? / Were you deprived of your liberty?

Ja / yes

Nein / no

Wenn Ja / If yes, please specify how, when and where:

- |  |             |           |          |
|--|-------------|-----------|----------|
| a) politische oder militärische Haft<br>Political or military detention        | von<br>from | bis<br>to | in<br>in |
| b) Untersuchungshaft<br>Detention awaiting trial                               | von<br>from | bis<br>to | in<br>in |
| c) Strafhaft<br>Prison sentence  | von<br>from | bis<br>to | in<br>in |
| d) KZ-Lager<br>Concentration camp  | von<br>from | bis<br>to | in<br>in |
| e) Zwangsarbeitslager<br>Forced labour camp                                    | von<br>from | bis<br>to | in<br>in |
| f) Ghetto<br>Ghetto  | von<br>from | bis<br>to | in<br>in |
| g) Zwangsarbeit<br>Forced labour   | von<br>from | bis<br>to | in<br>in |
| h) Leben unter haftähnlichen<br>Bedingungen<br>Lived in prison-like conditions | von<br>from | bis<br>to | in<br>in |
| i) Leben in der Illegalität<br>Lived in hiding or under an<br>assumed name     | von<br>from | bis<br>to | in<br>in |

18. Falls Ihnen die Freiheit entzogen wurde / If you were deprived of your liberty:

Folgende Personen können die Freiheitsentziehung als **Zeugen** bestätigen (Name und Anschrift angeben) /  
The following people are **witnesses** who can confirm that I was deprived of my liberty (please provide names  
and addresses):

Folgende **Beweismittel** für die Freiheitsentziehung benenne ich /  
I can provide the following **evidence** that I was deprived of my liberty:

(Beweismittel bitte in Kopie beifügen)  
(please attach copies of evidence)

|  |                                    |
|--|------------------------------------|
| 19. Haben Sie bereits einen anderen Entschädigungsantrag gestellt? /<br>Have you applied for other types of compensation in the past?  |                                    |
| Ja / yes <input type="checkbox"/>  | Nein / no <input type="checkbox"/> |
| Wenn Ja, bei wem? / If yes, to whom?   | Aktenzeichen / File number:        |
| Wann? / When?  |                                    |
| 20. Haben Sie aufgrund der deutschen Wiedergutmachungsgesetze oder anderer Wiedergutmachungsregelungen<br>oder aufgrund eines Abkommens der Bundesrepublik Deutschland mit einem anderen Staat bereits<br><b>Entschädigungsleistungen wegen der Verfolgung</b> erhalten?<br>Have you already received <b>persecution-related compensation payments</b> on the basis of German compensation<br>legislation or other compensation arrangements or on the basis of a treaty between the Federal Republic of<br>Germany and another state? |                                    |
| Ja / yes <input type="checkbox"/>  | Nein / no <input type="checkbox"/> |
| Wenn Ja, bei wem? / If yes, from whom?   | Aktenzeichen / File number:        |
| Wann? / When?  |                                    |
| Welchen Betrag? / What amount did you receive?   |                                    |

**Bitte überweisen Sie den Betrag auf mein Konto /  
Please transfer the amount to my account**

IBAN: \_\_\_\_\_

Name der Bank / Bank name:

Anschrift der Bank / Bank address:

SWIFT CODE / BIC: \_\_\_\_\_

**Angaben zum Antrag / Application statement**

|  |        |
|--|--------|
| Ich habe den Antrag selbständig ausgefüllt. / I filled out the application myself.             | yes no |
| Ich hatte Hilfe bei der Ausfüllung des Antrags. / I received help to fill out the application. | yes no |
| Angaben zur helfenden Person / Information about the person who helped me:                     |        |
| Name, Vorname:<br>Family name, first name  |        |
| Anschrift / Address:   |        |
| Telefonnummer / E-Mail:<br>Phone number / e-mail:  |        |

I have never lent support to National Socialist tyranny.  
I was never a member of the NSDAP or one of its organisations.

I have not received a prison sentence of over three years since 8 May 1945.

I hereby swear and affirm that all the above statements and the statements in the enclosed documents are correct. I am aware that pursuant to sections 156 and 161 of the Criminal Code (*Strafgesetzbuch*), intentionally submitting a false affidavit carries a penalty of up to three years' imprisonment or a fine; negligently submitting a false affidavit carries a penalty of up to one year's imprisonment or a fine.

I understand that, should I knowingly give false statements, my application will be rejected and any financial assistance already provided will be reclaimed.

I hereby declare my consent that (a) information held by authorities and other entities regarding pending or previous compensation proceedings relating to my person or regarding the harmful event(s) in question may be obtained and (b) any relevant files may be reviewed.

I am aware that there is no legal entitlement to financial assistance.

Upon receipt of the requested one-time payment of €2,556, I irrevocably renounce my right to claim any further payments for victims of National Socialist persecution. This renunciation becomes effective upon receipt of the payment.

I hereby confirm that I signed this application myself.

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Ort / Place

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Datum / Date

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**eigenhändige Unterschrift**  
(Vor- und Familienname)  
personal **Signature**  
(first name and family name)